



2004-2005

**IMPORTANT HEALTH PLAN CHANGES!**  
Weigh your options carefully.

**Benefit Decision Guide *for*  
EMPLOYEES**

FOR CHANGES  
EFFECTIVE  
JULY 1, 2004



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

(617) 725-4000

MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR



Spring 2004

Dear Friends:

The first year of my administration has been rewarding but challenging, particularly with regard to the state's fiscal crisis. We have tried to solve the budget shortfall with fairness, and public employees, retirees and their families have had to share some of the burden as their health care costs have been brought more in line with the private sector.

The Group Insurance Commission has spent a lot of time and effort considering all the options available to them to continue offering you the broadest possible choice and package of benefits. They have also embarked on some creative new paths, and there is information in this **2004-2005 Benefit Decision Guide** about these new ideas.

I urge you to become an informed consumer to help you make decisions on the most suitable combination of benefits for you and your family. The GIC makes many materials available to you for this purpose. Carefully review this guide, attend a health fair, read the *For Your Benefit* newsletter, and utilize the GIC website. These resources also provide information to help you take charge of your health.

I wish you and your family a safe and healthy year.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mitt Romney".

Mitt Romney

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## IMPORTANT BENEFIT CHANGES!

**Read this Benefit Decision Guide Carefully**

**MAY 14, 2004**

*Annual Enrollment forms are due to your GIC Coordinator*

**JULY 1, 2004**

*Changes go into effect*

**OCTOBER 1, 2004**

*Optional Life Insurance Open Enrollment changes go into effect*

*The Benefit Decision Guide is not a benefit handbook. It is an overview of GIC benefits and should be used as a guide.*

# Annual Enrollment

Annual enrollment begins April 12 and ends May 14, 2004. Choosing a health plan is an important decision for you and your family. Annual enrollment gives you an opportunity to review your options and select a new plan.

**Most employees must select a new health plan during this year's annual enrollment.** If you are in the Commonwealth PPO, Harvard Pilgrim Health Care HMO or Tufts Health Plan HMO, and fail to select a new health plan, the GIC will select a new plan for you.

If you want to keep your current GIC plan, and it is still being offered, you do not have to do anything. Your coverage will continue automatically.

Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

## ***If you are a . . .***

- ▶ Current state employee
- ▶ New state employee

## ***You may enroll in. . .***

### ***One of these health plans:***

- ▶ Commonwealth Indemnity Plan
- ▶ Commonwealth Indemnity Plan PLUS
- ▶ Commonwealth Indemnity Community Choice Plan
- ▶ Harvard Pilgrim POS
- ▶ Navigator by Tufts Health Plan
- ▶ An HMO

## ***You may enroll in. . .***

- ▶ Optional Life Insurance – Special Open Enrollment\*
- ▶ Health Care Spending Account (HCSA)\*\*
- ▶ Dependent Care Assistance Program (DCAP)\*\*
- ▶ GIC Dental/Vision Plan for Managers, Legislators, Legislative Staff and Certain Executive Office staff\*

## ***You may apply for\*. . .***

- ▶ Long Term Disability (LTD) (or anytime during the year)
- ▶ Opt in or out of Pre-Tax Basic Life and Health Insurance Premium Deductions
- ▶ Health Insurance Buy-Out Option

\* See pages 9, 18 and 20 for eligibility and option details.

\*\* Open enrollment for these plans takes place in the fall for 2005 calendar year benefits. See page 19 for eligibility and details.

***All forms and applications are available through your GIC Coordinator, at the GIC health fairs, and on our website: [www.mass.gov/gic](http://www.mass.gov/gic)***

## ***By submitting, by May 14. . .***

GIC enrollment forms and an HMO or Harvard Pilgrim POS application (if applicable) to your GIC Coordinator.

***Changes become effective July 1, 2004***

***Optional Life Insurance open enrollment changes become effective October 1, 2004***



## Why There Are Changes This Year: The GIC's Clinical Performance Improvement (CPI) Initiative

Health care costs continue to escalate at a double-digit annual pace while the state continues to face budget shortfalls. Over the last few years, the GIC has responded to these dual challenges on multiple fronts. Our philosophy has been to continue to provide all enrollees and their family members with comprehensive coverage, implementing difficult but necessary changes across GIC participants in as fair a way as possible, while being part of the solution to the state's fiscal dilemma.

This year we went out to bid for many of our health plans, giving us an opportunity to identify a better way to provide quality health care benefits, while containing costs for the Commonwealth and enrollees alike. Significant savings can be achieved in the health care system itself.

While costs have risen, numerous studies have documented that health care quality varies greatly among providers: according to a June 2003 study published in the *New England Journal of Medicine*, only 54.9% of patients get the highest quality of care. The Institute of Medicine (IOM) defines quality care as timely and effective treatment with patient-centered screening, diagnosis, treatment and follow-up. This quality care gap varies widely, depending on medical condition.

To address this gap, we formulated an initiative we called the Clinical Performance Improvement (CPI) Initiative, and we asked our health plans to take a new look at how they would deliver the kind of care and information that our CPI Initiative is seeking to provide. As you will see, many of our health plans rose to the challenge and are offering you a new way to select your care. While encouraging change, we have tried to be mindful that our enrollees value continuity as well. If you do your homework, you will find a plan that enables you to keep your same providers, while minimizing the impact on your wallet. Some of the plan names are unchanged; others have new names, but familiar plan administrators.



During the first year of our new health plan contracts, our health plans will be gathering quality of care data about area providers. The data will be analyzed by outside experts, who will use it to identify high-quality, cost-efficient providers. The health plans, in turn, will provide this information to GIC enrollees to help them decide where to seek care.

So what does this mean to you? In the long term, you will have access to provider quality information, which, particularly for physicians, is not readily available. You will be able to use this information to intelligently choose physicians, hospitals and other health care providers and be rewarded with lower out-of-pocket costs for choosing quality, efficient providers.

You may notice some of these incentives already in place this year. One of our new plans provides members with network hospital information and members will pay lower co-payments for selecting a high-quality/high efficiency hospital. Another new plan offers higher benefits for routine procedures at network hospitals and for designated high-risk procedures at additional hospitals most experienced with those procedures.

*In order for the CPI Initiative to succeed in improving quality and containing costs, you, our enrollees, must be an active part of the solution. We encourage you to weigh your health plan choices carefully, using this Benefit Decision Guide, our website, newsletter, and annual health fairs to assist with your decision.*

## New Health Plan Options

The GIC is introducing three new health plan options that correspond to our Clinical Performance Improvement (CPI) Initiative. All three plans offer higher benefit levels for in-network care. Members may also choose to go outside of the plan's provider network, subject to higher out-of-pocket costs:

- ▶ **Commonwealth Indemnity Community Choice Plan:** This plan, administered by UNICARE, gives members access to any Massachusetts physician. For routine procedures, care at the 40 network hospitals is provided at the highest benefit level; certain complex procedures and emergency admissions are also covered at additional hospitals at the highest benefit level.
- ▶ **Harvard Pilgrim POS Plan:** This plan, administered by Harvard Pilgrim Health Care (HPHC), is a traditional Point of Service Plan (POS), requiring selection of a Primary Care Physician (PCP) to coordinate care and obtain referrals. This plan's benefit structure is similar to the current Commonwealth PPO, administered by Tufts Health Plan, except prescription drugs and mental health/substance abuse benefits are administered by the plan itself. For the next fiscal year (FY06), HPHC will establish tiers of providers based on cost and quality. Details will be in next year's *Benefit Decision Guide*.
- ▶ **Navigator by Tufts Health Plan:** This plan, administered by Tufts Health Plan, is a PPO plan which does not require selection or referrals from a PCP. Hospital benefits are determined by the member's hospital choice. Tufts Health Plan will provide members with quality and value information on area hospitals before you are admitted. Members receive higher benefit levels when they select a higher quality and more cost-effective hospital.

*For additional information on these new GIC health plan options, see pages 14-15.*

## Current Commonwealth PPO Members – **Must Pick a New Plan**

The GIC will no longer offer the Commonwealth PPO, effective July 1, 2004. Commonwealth PPO members must select a new plan by May 14, 2004.

## Current Harvard Pilgrim Health Care and Tufts Health Plan Members – **Must Pick a New Plan**

The GIC will no longer offer the following HMOs, effective July 1, 2004. Members of these HMOs must select a new plan by May 14, 2004:

- ▶ Harvard Pilgrim Health Care
- ▶ Tufts Health Plan

## Fallon Community Health Plan Benefit Changes

The following co-payments will change for Fallon Community Health Plan, effective July 1, 2004:

### *Inpatient Hospital Co-Pay*

- ▶ Direct Care and Select Care: \$250

### *Emergency Room Co-Pay*

- ▶ Direct Care and Select Care: \$75

### *Well-Child Under Age 19 Visit*

- ▶ Direct Care: \$0
- ▶ Select Care: \$5

### *Specialist Physician Office Visit Co-Pay*

- ▶ Direct Care: \$15
- ▶ Select Care: \$20

### *Prescription Drugs*

- ▶ Retail: Direct Care and Select Care: \$5/\$20/\$60
- ▶ Mail Order: Direct Care and Select Care: \$10/\$40/\$180

## If You Fail to Select a New Plan and Your Plan Has Been Discontinued

*If your GIC health plan has been discontinued, and you do not select a new health plan by May 14, 2004, the GIC will assign you to a new plan, effective July 1, 2004.*

## Patient Safety Update

Annual enrollment is a great time to prepare for the year ahead. As you consider your health care choices, please review the Leapfrog patient safety charts on pages 21-22 to learn about an important issue – preventable medical mistakes in hospitals. This information can help you choose the best and safest hospital for high-risk surgical and obstetrical procedures.

Routine procedures are often safely and effectively performed at your community hospital. Your GIC health plan can provide you with additional information. We encourage all of our enrollees to become informed health care consumers.

## Optional Life Insurance Rates Reduced

### ***Special Open Enrollment – First in 16 Years***

Optional life insurance rates will decrease by an average of 25% for most optional life insurance participants, as of July 1, 2004. *See page 25 for details.*

During this spring's annual enrollment only, employees who are actively at work may enroll in optional life insurance, or increase their coverage amount up to four times their salary without proof of good health for coverage effective October 1, 2004. **This is the first optional life insurance open enrollment the GIC has offered since 1988.** Don't miss out. *See page 9 for details.*



## GIC Dental/Vision Benefit Enhancements

Dental benefits for the GIC Dental/Vision Plan for managers and other covered groups have been enhanced, effective July 1, 2004. These enhancements conform to the best practices in dental care. *See page 20 for additional information on this plan:*

- ▶ Fluoride varnish covered for adults who have had periodontal surgery within the last four years
- ▶ Sealant covered on molars for members who are under 19 years old

## Comprehensive GIC Website

**[www.mass.gov/gic](http://www.mass.gov/gic)**

*See our website for:*

- ▶ The latest annual enrollment news
- ▶ Forms to expedite your annual enrollment decisions
- ▶ Directions to the GIC health fairs
- ▶ Answers to common GIC questions
- ▶ Tools and links to help you take charge of your health
- ▶ Hospital research tool (*password: quality*)

## Keep Your GIC Records Up-to-Date

Please remember to notify your GIC Coordinator if:

- ▶ You add dependents or a spouse
- ▶ You get divorced or remarried
- ▶ Your former spouse remarries
- ▶ You have a baby
- ▶ You move

The GIC's job is to provide you with benefits. Your job is to keep us up-to-date on family status changes. Active employees must notify their GIC Coordinator at their work of these changes. Failure to notify the GIC through your GIC Coordinator of status changes, such as divorce, remarriage, and/or addition of dependents may result in financial liabilities.

## Medicare Reminder for Active Employees

Medicare is the federal health insurance program for retirees age 65 and older and certain younger disabled people. Call or visit your local Social Security office to determine your eligibility.

Medicare Part A covers hospital care, some skilled nursing facility care and hospice care. Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment.

When you or your spouse become age 65 or over, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage. If you or your spouse is disabled, contact Social Security about Medicare eligibility. If you (the state insured) continue working after age 65, you and/or your spouse must enroll in Medicare Part A and defer your Medicare Part B until you retire. When you retire, refer to the *GIC Retiree/Survivor Benefit Decision Guide* for Medicare rules and plan options.





# Choosing A Health Plan

Choosing a health plan that's right for you and your family is an important decision. Plan features and points to consider below will assist you in evaluating your options. For some people, an important criterion for choosing a plan is whether your current doctor(s) and hospital(s) are in a plan's network. Keep in mind that providers can leave a plan network, but you may not change plans until the next annual enrollment, unless you move out of the plan's service area.

For most people, premiums, co-pays and deductibles are important considerations when choosing a plan. See pages 23-24 for plan premiums and pages 12-17 for an overview of plan benefits and out-of-pocket costs.

	COMMONWEALTH INDEMNITY	COMMONWEALTH INDEMNITY PLUS	COMMONWEALTH INDEMNITY COM- MUNITY CHOICE	HARVARD PILGRIM POS	NAVIGATOR by TUFTS HEALTH PLAN	HMOs
<b>Are you eligible to join?</b> <i>Employees and eligible dependents</i>	Yes	Yes, if you live in the plan’s service area <i>(see page 8)</i>				
<b>Monthly Premium</b>	Highest	Moderate	Moderate	Moderate	Moderate	Low- Moderate
	<i>(See pages 23-24 for premium details)</i>					
<b>Does your doctor(s) participate in the plan?</b>	Yes*	Contact the plan	Yes, if your doctor is in Massachusetts	Contact the plan		
<b>Does your hospital(s) participate in the plan?</b>	Yes*	Contact the plan				
<b>Out-of-State Coverage</b>	Unlimited*	Limited <i>available in some contiguous states</i>	Limited	Limited <i>available in some contiguous states</i>	Limited <i>available in some contiguous states</i>	Limited
	<i>(Emergency Room and Urgent Care covered by all plans. See chart on page 8 for coverage by county and contiguous state coverage.)</i>					
<b>Selection of Primary Care Physician (PCP) Required</b>	No	No	No	Yes	No	Yes
<b>PCP Referral to Specialist Required</b>	No	No	No	Yes**	No	Yes**
<b>Plan Authorization for Certain Procedures – such as MRIs, Physical Therapy, &amp; Hospitalizations</b>	Required for All Plans					
<b>Out-of-Network Coverage with reduced benefits</b>	N/A	Yes	Yes	Yes	Yes	No Benefit
<b>Prescription Drug Benefit Administrator</b>	Express Scripts, Inc.	Express Scripts, Inc.	Express Scripts, Inc.	Harvard Pilgrim Health Care	Tufts Health Plan	The HMO
<b>Mental Health/Substance Abuse Administrator</b>	United Behavioral Health	United Behavioral Health	United Behavioral Health	Harvard Pilgrim Health Care	United Behavioral Health	<i>HMOs arrange coverage internally or with a managed mental health plan</i>

\* Benefit payments to out-of-state providers are determined by allowed amounts and you may be responsible for a portion of the total charge.

\*\* Referral required in most cases.

## Other Points to Consider:

### • How does the plan rate in "quality"?

See our website or attend a health fair to get a copy of the GIC Health Plan and Leapfrog Report Card.

### • How does the plan rate in "satisfaction"?

See our website or attend a health fair to get a copy of the GIC Health Plan and Leapfrog Report Card.

### • Do you or a covered family member have special medical needs?

See pages 12-17 for plan benefit overviews.

# Health Plan Locations

Where you live determines which health plan(s) you are eligible to join. Review the county and state listings below for an overview of health plan(s) available in your area.

	Commonwealth Indemnity Plan	Commonwealth Indemnity Plan PLUS	Commonwealth Indemnity Community Choice	Harvard Pilgrim POS	Navigator by Tufts Health Plan	Fallon Community Health Plan	Health New England	Neighborhood Health Plan
<b>BARNSTABLE</b>	✓	✓	✓*	✓	✓			
<b>BERKSHIRE</b>	✓	✓	✓	✓	✓		✓	
<b>BRISTOL</b>	✓	✓	✓	✓	✓	✓*		✓
<b>DUKES</b>	✓		✓	✓				
<b>ESSEX</b>	✓	✓	✓	✓	✓	✓		✓
<b>FRANKLIN</b>	✓	✓	✓	✓	✓	✓*	✓	
<b>HAMPDEN</b>	✓	✓	✓	✓	✓	✓*	✓	✓*
<b>HAMPSHIRE</b>	✓	✓	✓	✓	✓	✓*	✓	
<b>MIDDLESEX</b>	✓	✓	✓	✓	✓	✓		✓
<b>NANTUCKET</b>	✓							
<b>NORFOLK</b>	✓	✓	✓	✓	✓	✓		✓
<b>PLYMOUTH</b>	✓	✓	✓	✓	✓	✓*		✓*
<b>SUFFOLK</b>	✓	✓	✓	✓	✓	✓		✓
<b>WORCESTER</b>	✓	✓	✓	✓	✓	✓	✓*	✓*

\* Plans may not be available in every city and town in this county. Call the plans for their specific information.

## Outside Massachusetts

**Connecticut, Maine, New Hampshire, Rhode Island, and Vermont\*\***

	Commonwealth Indemnity Plan	Commonwealth Indemnity Plan PLUS	Harvard Pilgrim POS	Navigator by Tufts Health Plan
<b>CONNECTICUT</b>	✓	✓		✓
<b>MAINE</b>	✓	✓	✓	
<b>NEW HAMPSHIRE</b>	✓	✓	✓	✓
<b>RHODE ISLAND</b>	✓	✓	✓	✓
<b>VERMONT</b>	✓		✓	✓

\*\* Plans may not be available in every city and town in the state. Call the plans for their specific city and town coverage. The Commonwealth Indemnity Plan is available throughout the United States and out of the country.

Life insurance, provided by UnumProvident, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiary(ies).

## Basic Life Insurance

The Commonwealth offers \$5,000 of Basic Life Insurance.

## Optional Life Insurance

**Optional life insurance rates will decrease by an average of 25% for most optional life insurance participants as of July 1, 2004. See page 25 for details.**

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit.

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- ▶ Your family's yearly expenses,
- ▶ Future expenses, such as college tuition or other expenses unique to your family,
- ▶ Your family's income from savings, other insurance, other sources, and
- ▶ The life insurance cost and benefits for your age bracket. For instance, for 35-year-olds with young families and mortgages, financial advisors might recommend the coverage. But for 65-year-olds who have paid off their mortgage and have no dependent expenses, financial advisors might not recommend electing or continuing Optional Life Insurance, because premiums increase significantly as enrollees age.

## Life Insurance Enrollment

### New Employees

As a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary without the need for any medical review.

### Special Open Enrollment – First in 16 Years For Current Employees or Employees Increasing Coverage – Changes Effective October 1, 2004

During this spring's annual enrollment only, employees who are actively at work may enroll in Optional Life Insurance, or increase their coverage to up to

four times salary, without proof of good health for coverage effective October 1, 2004. If you elect an Optional Life Insurance amount greater than four times salary, you will need to provide proof of good health to UnumProvident.

This is the first Optional Life Insurance open enrollment the GIC has offered since 1988. Employees meeting the following conditions may take advantage of this open enrollment: you must be working and paid regularly for performing your regular daily duties; you cannot be on any type of paid or unpaid leave, or on an approved or pending workers' compensation leave or any status of retiree. Employees on military leave or their family members may contact the GIC for the employee's enrollment options.

### Choosing Coverage for the First Time or Increasing Coverage During the Year

If you do not enroll in Optional Life Insurance during this open enrollment or when first eligible, you must wait at least one year from the date you were first eligible before you can apply for coverage. If you are electing to increase coverage outside of open enrollment, you will have to wait at least one year from your last coverage change, complete a medical form and pass a physical for UnumProvident's review and approval. The GIC will determine the effective date if UnumProvident approves your application.

### Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, anyone who has been tobacco-free (*has not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco*) for at least the past 12 months is eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2004.

### Accelerated Life Benefit

This benefit provision allows an insured to elect an advance payment of up to 75% of his or her life insurance death benefits if he or she has been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that the insured has a life expectancy of 12 months or less. The remaining balance is paid to the beneficiary at death. You must continue to pay the required monthly premium.

**Life Insurance Questions?  
Contact the GIC  
1.617.727.2310 ext. 801  
[www.mass.gov/gic](http://www.mass.gov/gic)**

**Conversion and  
Portability Questions?  
Contact  
UnumProvident  
1.877.226.8620**

## Portability

Active employees who leave employment or become ineligible due to a reduction in hours may elect term life coverage similar to their group term life

insurance. This coverage provides more favorable rates than conversion coverage. You may also apply for non-group conversion coverage.

## Accidental Death and Dismemberment Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- ▶ Life
- ▶ Hands, Feet, Eyes
- ▶ Speech and/or Hearing
- ▶ Thumb and Index Finger of the Same Hand
- ▶ Quadriplegia
- ▶ Coma
- ▶ Paraplegia
- ▶ Hemiplegia
- ▶ Paralysis
- ▶ Brain Damage
- ▶ Air Bag and Seat Belt benefits for loss of life in a car accident

**AD&D Questions?  
Contact the GIC  
1.617.727.2310  
ext. 801  
[www.mass.gov/gic](http://www.mass.gov/gic)**

## LifeBalance® Benefit

All GIC enrollees have access to UnumProvident's LifeBalance® program. LifeBalance® is a one-stop resource that offers consultation, information, and personalized community referrals 24 hours a day, 7 days a week for you and your family members. You receive telephone and on-line access to assistance for such issues as stress, grief, marital concerns, home repairs, nutrition, pregnancy, adoption, child care options, legal matters, senior care options, financial issues, and college application process and selection assistance. Additionally, you have access to up to three face-to-face counseling sessions per year.

**LifeBalance® Questions?  
Contact LifeBalance®  
1.800.854.1446**

[www.lifebalance.net](http://www.lifebalance.net)  
(password & ID: lifebalance)

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## Employee Assistance Program (EAP) for State Agencies

The Commonwealth offers Employee Assistance Program (EAP) benefits as a resource to all agencies. United Behavioral Health, the GIC's mental health and substance abuse carrier for Commonwealth Indemnity plans and Tufts Navigator Plan enrollees, provides these services. All state employees can access critical incident debriefing services at no cost to the individual. Managers and supervisors can receive confidential supervisory training, resource recommendations, and customized seminars for dealing with employee issues such as stress management, low morale, disruptive workplace behavior, mental illness, and substance abuse.

**EAP Questions?  
Contact United  
Behavioral Health  
1.617.558.3412**

[www.liveandworkwell.com](http://www.liveandworkwell.com)  
(access code: 10910)



# Prescription Drug Benefits

## Three-Tier Co-payment Structure

All GIC health plans have a three-tier co-payment structure in which members generally pay less for generic drugs and more for brand name drugs. The three-tier system maintains a broad choice of covered drugs for patients and their doctors, while providing an incentive to use medications that are safe, effective and less costly.

For most plans, the formulary changes every January. The GIC recommends that you bring your current plan formulary with you to your doctor visits. Frequently there is more than one prescription drug that your doctor could prescribe for a particular illness or condition. *Discuss with your doctor whether drugs with lower co-payments are appropriate for you.*

The following descriptions will help you understand your prescription drug co-payment levels. *See the Benefits-at-a-Glance charts on pages 13-17 for the corresponding co-payment information.* (Some plans may categorize their prescription drug tiers differently from those listed below. Call the plans for more information.)

**Generic:** Generic drugs contain the same active ingredients as brand name drugs and are sold under their chemical name. These drugs are subject to the same rigid FDA standards for quality, strength, and purity as the brand name drug. Generic drugs cost

less than brand name drugs because they do not require the same level of sales, advertising, and development expenses associated with brand name drugs.

**Preferred Brand Name/Formulary:** The manufacturer sells these drugs under a trademarked name. Preferred brand name drugs usually do not have less costly generic equivalents.

**Non-Preferred Brand Name/Non-Formulary:** These drugs are also trademarked. They have a generic equivalent or a preferred brand alternative that can be substituted.

## Mail Order Convenience and Savings

If you are taking a medication for a long period of time, you may want to ask your doctor for a 90-day prescription, so you can take advantage of mail order savings. All GIC plans offer this convenient means of obtaining a 90-day supply of drugs prescribed to members for long-term use. For example, if you are an indemnity plan member and are taking a maintenance dose of a preferred brand name drug, you will spend \$60 on co-payments over three months; if you use mail order, you will spend only \$40. *See the Benefits-at-a-Glance charts on pages 13-17 for similar savings in other GIC plans.*

Pharmacy programs will send new enrollees mail order information.

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## Prescription Drug Benefits for Commonwealth Indemnity Plans

Members of the Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, and Commonwealth Indemnity Community Choice Plan have two programs that help encourage the use of less expensive prescription drugs:

**Step Therapy:** The Step Therapy program encourages the most appropriate drug therapy for certain conditions. The program provides coverage for some expensive drug treatments only after safe, effective and less expensive drug treatments are tried first.

**Generics Preferred:** This program provides an incentive for members to obtain the generic version of a brand name drug. If you obtain a prescription for a non-preferred brand name drug for which there is a generic version, you will pay the generic drug co-pay as well as the difference between the cost of

the generic drug and the cost of the non-preferred brand name drug.

For example, for a 30-day supply obtained at a retail pharmacy, if the cost of the generic drug version of a non-preferred brand name drug is \$30, you will pay only the generic co-pay of \$7. However, if you select the brand version, with a cost of \$50, you will pay the generic drug co-pay as well as the difference in the drug cost, or \$27. This program also applies to mail-order services.

**Commonwealth Indemnity  
Plans' Prescription Drug  
Benefit Questions?**  
Contact Express Scripts  
**1.877.828.9744**  
[www.express-scripts.com](http://www.express-scripts.com)

# Mental Health and Substance Abuse Benefits

## For the Commonwealth Indemnity Plan, PLUS, Community Choice, and Navigator by Tufts Health Plan

Mental health and substance abuse benefits for the Commonwealth Indemnity Plan, Commonwealth Indemnity Plan PLUS, Commonwealth Indemnity Community Choice and Navigator by Tufts Health Plan are provided by United Behavioral Health (UBH). UBH offers a full range of confidential, professional mental health and substance abuse services. UBH clinical staff can help you find a conveniently located network provider and will work with you to make sure you receive the help you need, when you need it. The chart below is an overview of mental health and substance abuse benefits.

BENEFITS	COVERAGE	
	In-Network	Out-of-Network
<b>CONTACT INFORMATION</b>	<b>1.888.610.9039</b> <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)	
<b>Annual Deductible</b> (Separate from the medical deductible and out-of-pocket maximum)	None	\$150 per person \$300 per family
<b>Inpatient Care</b> <i>Per Admission Deductible</i>	\$150 per calendar quarter (Indemnity) \$200 per calendar quarter (PLUS, Community Choice and Tufts Navigator)	\$150 per admission
<b>Mental Health</b> General hospital Psychiatric hospital	100%	80% <sup>2</sup>
<b>Substance Abuse<sup>1</sup></b> General hospital or substance abuse facility		
<b>Intermediate Care<sup>3</sup></b> (Including, but not limited to, 24-hour intermediate care facilities, e.g., residential, group homes, halfway houses, therapeutic foster care, day/partial hospitals, structured outpatient treatment programs.)	100%	80%
<b>Outpatient Care<sup>3</sup></b> (Including, but not limited to, individuals, family, group therapy, and medication management.) <b>Enrollee Assistance Program (EAP):</b> (Including, but not limited to, depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services – legal, financial, family mediation, and elder care.)	First 4 visits: 100% Visits 5 and over: \$15 per visit	First 15 visits: 80% per visit Visits 16 and over: 50% per visit <sup>4</sup> No coverage for EAP
<b>In-Home Mental Health Care<sup>3</sup></b>	100%	First 15 visits: 80% per visit Visits 16 and over: 50% per visit <sup>4</sup>
<b>Provider Eligibility</b>	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS	MD Psychiatrist, PhD, EdD, PsyD, MSW, LICSW, MSN, MA, RNMSCS

<sup>1</sup> Substance Abuse Incentive – Members reimbursed for inpatient and outpatient co-pays if they complete inpatient and post-discharge care.

<sup>2</sup> Out-of-network inpatient care that is not pre-certified is subject to a financial penalty.

<sup>3</sup> Treatment that is not pre-certified receives out-of-network level reimbursement.

<sup>4</sup> All outpatient out-of-network visits beyond session 15 require pre-authorization.

# BENEFITS-AT-A-GLANCE: Commonwealth Indemnity and PLUS

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

*For more information about plan designs, call the plan or visit its website.*

BENEFITS	COMMONWEALTH INDEMNITY PLAN <sup>1</sup> WITH CIC <sup>2</sup> (Comprehensive)	COMMONWEALTH INDEMNITY PLAN PLUS	
		PLUS Network	Out-of-Network <sup>1</sup>
PROVIDER	UNICARE	UNICARE	
TELEPHONE NUMBERS	1.800.442.9300	1.800.442.9300	
WEBSITES	www.unicare-cip.com	www.unicare-cip.com	
Hospital Care Inpatient hospital room, board, surgery and special services	100%	100%	80%
	after hospital deductible		
Hospice Care	100% after calendar year deductible	100%	100% after calendar year deductible
Emergency Room Care (includes out-of-area)	100% after \$50 co-pay (waived if admitted)		
Outpatient Surgery	100%	100%	80%
		after outpatient surgery deductible	
Diagnostic Laboratory Tests	100% with preferred provider 80% of allowed charges without preferred provider	100%	80%
X-rays	100%	100%	80%
Physician Office Visit (except mental health)	100%, after \$10 per visit and calendar year deductible	100% after \$10 per visit	80% after \$10 per visit and calendar year deductible
	No co-pay after 15th calendar year visit per person		
Preventive Care Preventive care and well baby care office visits according to schedule <sup>3</sup> and immunizations.	100%, after \$10 per visit	100% after \$10 per visit	80% after \$10 per visit
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.		
Inpatient Hospital Deductible per quarter	\$150	\$200	\$300
Outpatient Surgery Deductible	\$0	\$75 per calendar quarter	\$75 per calendar quarter
Calendar Year Deductible Individual Family	\$75 Two members at \$75 each	\$0 \$0	\$100 Two members at \$100 each
Prescription Drugs <sup>4</sup> Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name drugs <sup>5</sup> using an Express Scripts, Inc. network pharmacy and your prescription drug card. No coverage is available for out-of-network prescription drugs.		
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$70 non-preferred brand name <sup>5</sup> drugs.		
Mental Health & Substance Abuse Care	See page 12		

<sup>1</sup> Benefit payments to out-of-state providers are determined by allowed amounts. Members may be responsible for a portion of the total charge.

<sup>2</sup> Without CIC (non-comprehensive) deductibles are higher and coverage is only 80% for some services.

<sup>3</sup> Contact the health plan for the schedule.

<sup>4</sup> Contact Express Scripts to see how a specific drug is categorized.

<sup>5</sup> Additional charges may apply. See page 11 for details.

# BENEFITS-AT-A-GLANCE: New Health Plans

This chart is a comparative overview of plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	COMMONWEALTH INDEMNITY COMMUNITY CHOICE PLAN		HARVARD
	Community Choice Network	Out-of-Network <sup>1</sup>	Harvard Pilgrim POS
PROVIDER	UNICARE		Harvard Pilgrim
TELEPHONE NUMBERS	1.800.442.9300		1.800.5
WEBSITES	www.unicare-cip.com		www.harvar
Hospital Care Inpatient hospital room, board, surgery and special services	100%	100%	100%
	after hospital deductible/co-pay		
Hospice Care	100%	100%	100%
Emergency Room Care (includes out-of-area)	100% after \$50 co-pay (waived if admitted)	100% after \$100 co-pay (waived if admitted)	100% after (waived if
Outpatient Surgery	100%	100%	100%
	after outpatient surgery deductible/co-pay		
Diagnostic Laboratory Tests	100% <sup>3</sup>	100% after \$50 co-pay (Hospital) 80% (non-Hospital)	100%
X-rays	100%	100% after \$50 co-pay	100%
Physician Office Visit and Preventive Care (except mental health) Preventive care and well baby care office visits according to schedule <sup>4</sup> and immunizations.	100%, after \$10 per visit		100%, after \$15 per visit. No co-pay after 15th calendar year visit per person.
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next		
Inpatient Hospital Deductible/Co-pay	\$200 per admission; maximum one deductible per calendar quarter per person	\$750 per admission	\$400 per admission; maximum 1 co-pay per calendar quarter per person
Outpatient Surgery Deductible/Co-pay	\$75 per occurrence; maximum one deductible per calendar quarter per person	\$250 per occurrence	\$75 per occurrence; maximum 4 co-pays annually per person
Calendar Year Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Prescription Drugs <sup>5</sup> Network Pharmacy – Up to a 30-day supply	\$7 generic, \$20 preferred brand name, \$40 non-preferred brand name <sup>6</sup> drugs using an Express Scripts, Inc. network pharmacy and your prescription drug card.		\$10 generic, \$20 brand name non-select drugs using a H network pharmacy and y
			No coverage is available for out
Mail Order – Maintenance drugs up to a 90-day supply	\$14 generic, \$40 preferred brand name, \$70 non-preferred brand name drugs <sup>6</sup>		\$20 generic, \$40 b \$80 brand name
Inpatient and Intermediate Mental Health and Substance Abuse Care	See page 12		100%, after \$200 per admission; maximum 1 co-pay per calendar quarter
Outpatient Mental Health, EAP and Substance Abuse Care	See page 12		Visits 1-4: 100%; Visits 5 & over: 100% after \$15 per individual visit or \$10 per group visit

<sup>1</sup> Benefits subject to reasonable and customary charges. Members may be responsible for a portion of the total charge.

<sup>2</sup> Hospitals are grouped by pediatrics, obstetrics and adult medical/surgical services. Hospital Level I: high quality/high efficiency, Level II: standard quality/standard efficiency.



For more information about plan designs, call the plan or visit its website.

PILGRIM POS		NAVIGATOR PPO BY TUFTS HEALTH PLAN	
Out-of-Network <sup>1</sup>		Tufts Plan Network	Out-of-Network <sup>1</sup>
m Health Care		Tufts Health Plan	
42.1499		1.800.870.9488	
dpilgrim.org		www.tuftshealthplan.com/gic	
80%	After calendar year deductible, \$3,000 out-of-pocket max. per person	100% after hospital co-pay based on specialty and level <sup>2</sup>	80%
80%		100%	80%
\$50 co-pay (admitted)		100%, after \$50 co-pay (waived if admitted)	
80%	After calendar year deductible, \$3,000 out-of-pocket maximum per person	100%	80%
		after outpatient surgery deductible/co-pay	
80%		100%	80%
80%		100%	80%
80%		100%, after \$15 per visit. No co-pay after 15th calendar year visit per person.	80%
t \$1,500 per person, per two-year period.			
Not applicable		\$200 Level I, \$400 Level II, per admission <sup>2</sup> ; maximum 1 co-pay per calendar quarter per person	Not applicable
Not applicable		\$75 per occurrence; maximum 4 co-pays annually per person	Not applicable
Medical	Mental Health & Substance Abuse		
\$150	\$150	\$0	\$150
\$300	\$300	\$0	\$300
me select, \$40 brand name arvard Pilgrim Health Care our Harvard Plan ID card.		\$10 generic, \$20 brand name, \$35 non-preferred brand name drugs using a Tufts Health Plan network pharmacy and your Tufts ID card.	
t-of-network prescription drugs.			
rand-name select, non-select drugs		\$20 generic, \$40 brand name, \$70 non-preferred brand name drugs	
80%, after \$150 per admission		See page 12	
Visits 1-15: 80% Visits 16 and over: 50%		See page 12	

<sup>3</sup> Includes preferred vendors and/or physicians' offices.

<sup>4</sup> Contact the health plan for the schedule.

<sup>5</sup> Contact the plan to find out how a specific drug is categorized.

<sup>6</sup> Additional charges may apply. See page 11 for details.

## NEW Health Plan Options

### Community Choice Plan (UNICARE)

The Commonwealth Indemnity Community Choice Plan gives members access to any Massachusetts physician. There are no Primary Care Physician or referral notification requirements. Participating members needing hospital care receive the highest benefit when they have routine procedures, such as appendectomies and hernia repair, at one of the 40 participating hospitals. If you are having certain designated complex procedures, such as a coronary artery bypass, additional hospitals with extensive experience in these complex procedures are also covered at the highest benefit level.

### The Harvard Pilgrim POS Plan

The Harvard Pilgrim Point of Service (POS) Plan offers coverage by network doctors, hospitals, and other health care providers within the plan's geographic area. Members must choose a Primary Care Physician to coordinate care and obtain referrals. Members may also choose to go outside of Harvard Pilgrim Health Care's provider network, subject to higher out-of-pocket costs. For the next fiscal year (FY06), HPHC will establish tiers of provider groups based on cost and quality. Details will be in next year's *Benefit Decision Guide*.

### Navigator PPO by Tufts Health Plan

The Tufts Navigator Plan, a PPO, offers coverage by physicians, specialists and hospitals without referral from a Primary Care Physician. Members may also choose to go outside of Tufts Health Plan's provider network, subject to higher out-of-pocket costs. Your level of hospital benefits is determined by your hospital choice each time that you seek services. For example, if you need to be admitted to the hospital, Tufts Health Plan will provide information on the quality and value of hospitals within the Tufts Health Plan provider network in your area, and your co-payments under the Tufts Navigator Plan will be lower if you choose a high quality, more efficient hospital.

# BENEFITS-AT-A-GLANCE: HMO

This chart is a comparative overview of HMO benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective plan documents.

BENEFITS	FALLON COMMUNITY HEALTH PLAN DIRECT CARE	FALLON COMMUNITY HEALTH PLAN SELECT CARE
TELEPHONE NUMBERS	1.800.868.5200	1.800.868.5200
WEBSITES	www.fchp.org	www.fchp.org
<b>Inpatient Hospital Care</b> Inpatient hospital room, board, surgery and special services	100%, after \$250 co-pay per admission. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
<b>Outpatient Surgery</b>	100%, after \$75 co-pay per occurrence. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
<b>Diagnostic Laboratory Tests and X-rays</b>	100%	
<b>Hospice Care</b>	100%	
<b>Emergency Room Care</b> (Includes out-of-network)	100% after \$75 co-pay per visit for all plans (waived if admitted).	
<b>Physician Care</b> <i>Primary Care Physician Office Visits</i> <i>Specialist Physician Office Visits</i> <i>Preventive Care Office Visits</i> <i>according to schedule<sup>1</sup> and immunizations.</i>	100%, after \$10 per visit 100%, after \$15 per visit Adult: 100%, after \$10 per visit Child: 100%  100%, after \$150 per individual; \$250 per family	100%, after \$15 per visit 100%, after \$20 per visit Adult: 100%, after \$15 per visit Child: 100%, after \$5 per visit  100%, after \$225 per individual; \$375 per family
Administration of visit co-pay maximums differs among plans. Call plans for details.		
<b>Hearing Aids</b>	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
<b>Prescription Drugs<sup>2</sup></b> <i>Network Pharmacy</i> Up to a 30-day supply	\$5 tier I \$20 tier II \$60 tier III	\$5 tier I \$20 tier II \$60 tier III
<i>Mail Order</i> Maintenance drugs up to a 90-day supply	\$10 tier I \$40 tier II \$180 tier III	\$10 tier I \$40 tier II \$180 tier III
<b>Intermediate and Inpatient Mental Health and Substance Abuse Care</b>	Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
<b>Outpatient Mental Health and Substance Abuse Care</b>	100%, after \$10 per visit 100%, after 15th visit annually per individual, 25th visit annually per family. Administration of visit co-pay maximums differs among plans. Call plans for details.	100%, after \$15 per visit

<sup>1</sup> Contact the health plan for the schedule.

<sup>2</sup> Contact the individual plan to find out how a specific drug is categorized.

HEALTH NEW ENGLAND	NEIGHBORHOOD HEALTH PLAN
1.800.842.4464	1.800.433.5556
www.healthnewengland.com	www.nhp.org
100%, after \$200 co-pay per admission. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
100%, after \$75 co-pay per occurrence. Maximum of four co-pays annually. Administration of co-pay maximums differs among plans. Call plans for details.	
100%	100%
100%	100%
100% after \$50 co-pay per visit for all plans ( <i>waived if admitted</i> ).	
100%, after \$15 per visit 100% after 15th visit annually per individual, 25th visit annually per family.	
Administration of visit co-pay maximums differs among plans. Call plans for details.	
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period.	
\$10 generic \$20 brand name formulary \$40 brand name non-formulary	\$10 generic \$20 preferred brand name \$40 non-preferred brand name
\$20 generic \$40 brand name formulary \$120 brand name non-formulary	\$20 generic \$40 preferred brand name \$120 non-preferred brand name
Medically necessary intermediate and inpatient care for mental health and substance abuse treatment are covered in full. Authorizations vary by plan.	
100%, after \$15 per visit 100%, after 15th visit annually per individual, 25th visit annually per family. Administration of visit co-pay maximums differs among plans. Call plans for details.	

*For more information about  
a specific plan's benefits or  
providers, call the plan or visit  
its website.*

# Long Term Disability (LTD)

The GIC's Long Term Disability (LTD) insurance is administered by Continental Casualty Company (CNA Group Benefits). LTD is an income replacement program that protects you in the event you become disabled and are unable to perform the material and substantial duties of your job.

According to *The Society of Actuaries*, one in seven people will become disabled for at least five years before age 65. How would you pay your bills if you couldn't work? Like most people, if you depend on your paycheck, you should consider LTD coverage.

If you become ill or injured, and are unable to work for 90 consecutive days, this program will provide you with:

- ▶ A tax-free benefit of up to 50% of your gross monthly salary.
- ▶ A benefit for mental health disabilities and for partial disabilities.
- ▶ 24-hour, 365-days-a-year unlimited telephonic legal and financial counseling for families affected by disability.
- ▶ Additional benefits that may allow you to receive up to 100% of pre-disability earnings.

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, accumulated sick leave and retirement benefits, but the benefit will be at least \$100 or 10% of your gross monthly benefit amount, whichever is greater.

## Eligibility

All active full-time and half-time employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits. New employees may enroll in LTD without providing evidence of good health within 31 days of hire. All eligible employees can apply for LTD coverage during annual enrollment, or any time during the year.

You must provide proof of good health for CNA's approval to enter the plan.

**Questions?  
Contact CNA  
1.866.847.6343**

[www.maemployeesltd.com](http://www.maemployeesltd.com)

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## Pre-Tax Options

### Pre-Tax Premium Deductions

The state deducts the employee's share of basic life and health insurance premiums on a pre-tax basis, unless a new employee opts out of this option. The net result is a slight increase in your paycheck. During annual enrollment, or when you have a "qualifying event" as outlined on the form, you have the opportunity to change the tax status of your premiums.

- ▶ If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2004.
- ▶ If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2004.

**Questions?**

**Contact Your Payroll Department**



### Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), administered by Sentinel Benefits, active employees can pay for non-covered health-related expenses on a pre-tax basis, reducing participants' federal and state income taxes.

Expenses must be medically related. Examples include:

- ▶ Physician office and prescription drug co-payments
- ▶ Medical deductibles and coinsurance
- ▶ Eyeglasses and contact lenses not covered by your health or vision plan
- ▶ Orthodontia and dental benefits not covered by your dental plan
- ▶ Most over-the-counter drugs

The program allows a participant to contribute \$250 to \$1,500 for the 2004 calendar year on a pre-tax basis as a payroll deduction.

#### **Eligibility**

All active state employees who are eligible for health benefits with the GIC are eligible for HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

**HCSA and DCAP Questions?**  
*Including eligible expenses*

**Contact Sentinel Benefits**  
**1.888.762.6088**  
[www.mass.gov/gic](http://www.mass.gov/gic)

### Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP), administered by Sentinel Benefits, allows individuals to pay for certain dependent care expenses with before-tax dollars. Participating in DCAP can significantly reduce your federal and state income taxes. Through DCAP, participants may pay on a pre-tax basis for qualified dependent care expenses, such as day care, nursery schools, and day camp.

The program allows a participant to contribute up to \$5,000 per family annually on a pre-tax basis as a payroll deduction. For taxpayers in a 28% income tax bracket, a \$5,000 contribution to the DCAP would save an estimated \$1,400 in taxes.

#### **Eligibility**

Active state employees who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP.

### HCSA & DCAP

As you incur health care and dependent care expenses, submit a claim form and receipt to Sentinel Benefits. They will deposit the reimbursement to your bank. The monthly administrative fee is \$4.50 on a pre-tax basis, for HCSA alone, DCAP alone or HCSA and DCAP combined.

### HCSA & DCAP Open Enrollment

#### **November - December**

Open enrollment for these programs runs from November to December for the following calendar tax year. You must re-enroll each year. Employees that have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may also enroll. For additional information, contact your Payroll Coordinator or visit the GIC website.

*It is important to estimate your expenses carefully, as the Internal Revenue Service requires that any unused funds in a participant's account at plan year-end be forfeited.*

## *For Managers, Legislators, Legislative Staff, and Certain Executive Office Staff*

### Eligibility for the GIC Dental and Vision Plans

The GIC Dental/Vision Program is for employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, higher education, and the Judicial Trial Court system are not eligible for GIC Dental/Vision coverage.

### Dental Benefits

Delta Dental is the provider for the dental portion of the GIC Dental/Vision plan. During annual enrollment, participants may change their dental plan type.

The Indemnity Plan, also known as DeltaPremier USA, offers network access to more than 95% of the state's dentists who agree to no balance billing.

The PPO, also known as the DeltaPreferred Option, is a less expensive plan, with a limited network encompassing almost 20% of the state's dentists who agree to accept negotiated fees for their services with no balance billing to members. The plan also offers reduced out-of-network benefits.

*If you are in the Indemnity Plan, the GIC recommends that you check to see whether your family's dentist(s) participates in the PPO. Switching to the PPO will save you premium costs (see page 25) and reduce your out-of-pocket expenses. Contact the plan for details on potential out-of-pocket savings.*

**Questions?**  
**Contact Delta Dental**  
**1.800.553.6277**  
[www.deltamass.com](http://www.deltamass.com)

Keep in mind that if you enroll in the PPO and your dentist leaves the plan during the year, you may not change plans until the next annual enrollment.

### Dental Benefit Enhancements

Dental benefits have been enhanced, effective July 1, 2004, aligning GIC dental benefits with the best practices in dental care:

- ▮ Fluoride varnish covered for adults who have had periodontal surgery within the last four years
- ▮ Sealant covered on molars for members who are under 19 years old

### Vision Benefits

The vision portion of the GIC Dental/Vision Plan is provided by Davis Vision. This plan provides a Preferred Provider statewide network of over 375 vision providers. Additional Preferred Providers are in other New England states. Members receive basic services at no cost, and pay a co-pay for enhanced materials and services, when they use a Preferred Provider. Members receive reimbursement according to a fixed schedule of benefits when they do not use a Preferred Provider.

**Questions?**  
*Including co-payment amounts  
and providers*  
**Contact Davis Vision**  
**1.800.650.2466**  
[www.davisvision.com](http://www.davisvision.com)

## Health Insurance Buy-Out Option

If you were insured with the GIC on June 1, 1993, and have been continuously covered by a GIC health plan, you may buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission. Under the buy-out

plan, eligible employees may choose to receive monthly payments in lieu of health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan.

**Questions?**  
**Contact the GIC**  
**617.727.2310**  
[www.mass.gov/gic](http://www.mass.gov/gic)

## LEAPFROG GROUP 2003 SURVEY RESULTS for Massachusetts Hospitals

Annual enrollment is a great time to prepare for the year ahead. As you consider your health care choices, please review the following charts to learn about an important issue – preventable medical mistakes in hospitals. This information can help you choose the best and safest hospital for high-risk procedures. Routine procedures are often safely and effectively performed at your local hospital. Contact your health plan for more information. You should always talk to your doctor and health plan before making any decisions about your health.

### Preventable medical mistakes – a leading cause of death

Did you know that the Institute of Medicine found that up to 98,000 people die each year in America's hospitals, due to *preventable* medical mistakes? While death is the most tragic outcome, medical mistakes cause other problems too. They can lead to disabilities, longer hospital stays, longer recoveries and/or more treatments.

The GIC has taken a lead in tackling this problem because we are concerned about the health and safety of our employees, retirees, and their families. Many medical mistakes are *preventable* – which means something *can* be done. We are a member of The Leapfrog

Group, a coalition of more than 145 organizations devoted to helping over 34 million people nationwide make better health care choices. The following Leapfrog measures have been proven through medical research to save lives. We encourage all of our enrollees to become informed health care consumers:

- ▶ Choose hospitals where doctors use computerized prescription ordering systems (CPOE)
- ▶ Select hospitals with proven outcomes or extensive experience with specific surgical procedures and high-risk obstetrical care
- ▶ Choose hospitals with Intensive Care Units (ICUs) staffed with board-certified critical care physicians

The information on this Report Card is what hospitals have reported to the Leapfrog Group as of December 31, 2003. For additional information about these procedures, and more up-to-date data, visit the Leapfrog Group's website: [www.leapfroggroup.org](http://www.leapfroggroup.org).

### These hospitals have **not** responded to the Leapfrog Group's requests for data as of December 31, 2003:

Cooley Dickinson Hospital Inc., Northampton  
Hale Hospital, Haverhill  
Lawrence General Hospital, Lawrence  
Milton Medical Center, Milton




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For information on hospitals that partially meet the Leapfrog standards for the following six conditions/procedures, see the GIC's 2003 Health Plan and Leapfrog Report Card, available on our website and at the GIC health fairs.






































































HOSPITALS THAT MEET OR EXCEED LEAPFROG STANDARDS – For these six conditions/procedures:	Coronary Artery Bypass	Percutaneous Coronary Intervention	Abdominal Aortic Aneurysm Repair	Esophagectomy	Pancreatic Resection	High-Risk Deliveries & Neonatal ICUs
Baystate Medical Center	●		●			●
Beth Israel Deaconess Medical Center	●			●	●	
Boston Medical Center	●			●		
Brigham and Women's Hospital			●	●	●	●
Caritas St. Elizabeth's Medical Center						●
Children's Hospital						●
Mary & Arthur Clapham Hospital (Lahey Clinic)	●	●		●	●	
Massachusetts General Hospital	●		●	●	●	●
Tufts New England Medical Center						●
UMass Memorial Medical Center					●	

# Leapfrog Report Card – Survey Results as of December 31, 2003

## SYMBOL KEY

-  Fully implemented Leapfrog's recommended safety practice
-  Good progress in implementing Leapfrog's recommended safety practice
-  Good early stage effort in implementing Leapfrog's recommended safety practice
-  Willing to report publicly; did not yet meet Leapfrog's criteria for a good early stage effort
-  Did not disclose
- N/A** Not Applicable (Recommended safety practice does not apply to this particular hospital because it does not offer the service to which the safety practice applies)

HOSPITAL NAME	Computer-ized Drug Orders	ICU Staffing
Addison Gilbert Hospital		
Anna Jaques Hospital		
Athol Memorial Hospital		
Baystate Medical Center		
Berkshire Medical Center Inc.		
Beth Israel Deaconess Hospital-Needham		
Beth Israel Deaconess Medical Center		
Beverly Hospital		
Boston Medical Center		
Brigham and Women's Hospital		
Brockton Hospital		
Cambridge Health Alliance		
Cape Cod Hospital		
Caritas Carney Hospital		
Caritas Good Samaritan Medical Center		
Caritas Norwood Hospital		
Caritas St. Elizabeth's Medical Center		
Children's Hospital		
Clinton Hospital		N/A
Dana-Farber Cancer Institute		N/A
Emerson Hospital		
Fairview Hospital		
Falmouth Hospital		
Faulkner Hospital		
Franklin Medical Center		
Hallmark Health System/Lawrence Memorial Hospital of Medford		
Hallmark Health System/Melrose-Wakefield		
Harrington Memorial Hospital		
Health Alliance Hospitals Inc.		

HOSPITAL NAME	Computer-ized Drug Orders	ICU Staffing
Heywood Hospital		
Holy Family Hospital & Medical Center		
Holyoke Hospital Inc.		
Hubbard Regional Hospital		
Jordan Hospital Inc.		
Leonard Morse Hospital		
Lowell General Hospital		
Marlborough Hospital		
Mary & Arthur Clapham Hospital (Lahey Clinic)		
Mary Lane Hospital		
Massachusetts Eye and Ear Infirmary		N/A
Massachusetts General Hospital		
Mercy Medical Center		
Metrowest Medical Center		
Milford Whitinsville Regional Hospital		
Morton Hospital & Medical Center		
Mt. Auburn Hospital		
Nashoba Valley Medical Center		
New England Baptist Hospital		
Newton-Wellesley Hospital		
Noble Hospital		
North Adams Regional Hospital		
Quincy Medical Center		
Saints Memorial Medical Center Inc.		
Salem Hospital @ The North Shore Medical Center		
South Shore Hospital		
Southcoast Hospitals Group Inc. - Fall River, New Bedford, Wareham, Mass.		
St. Anne's Hospital Corporation		
St. Vincent Hospital		
Sturdy Memorial Hospital		
Tufts New England Medical Center		
UMass Memorial Medical Center		
Union Hospital @ The North Shore Medical Center		
Winchester Hospital		
Wing Memorial Hospital		

# Monthly GIC Basic Life and Health Plan Rates *as of July 1, 2004*

*For Employees Hired After June 30, 2003*

Basic Life Insurance	Employee Pays	Commonwealth Pays	Total Premium
Basic Life Insurance Only (\$5,000 Coverage)	\$1.33	\$3.97	\$5.30

HEALTH CARE PLAN PREMIUMS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
HEALTH PLAN	Employee Pays	Commonwealth Pays	Total Premium	Employee Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Plan with CIC (comprehensive)	\$153.54	\$389.63	\$543.17	\$347.87	\$878.97	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	129.88	389.63	519.51	293.00	878.97	1,171.97
Commonwealth Indemnity Plan PLUS	95.44	286.31	381.75	219.52	658.54	878.06
Commonwealth Indemnity Community Choice Plan	88.26	264.75	353.01	211.53	634.58	846.11
Harvard Pilgrim POS	95.42	286.23	381.65	228.86	686.56	915.42
Navigator by Tufts Health Plan	90.94	272.81	363.75	218.03	654.07	872.10
Fallon Community Health Plan Direct Care	70.26	210.77	281.03	166.78	500.32	667.10
Fallon Community Health Plan Select Care	84.36	253.05	337.41	200.64	601.91	802.55
Health New England	73.24	219.68	292.92	179.34	537.99	717.33
Neighborhood Health Plan	78.43	235.25	313.68	201.66	604.95	806.61

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*For Employees Hired On or Before June 30, 2003  
With an Annual Salary as of February 1, 2004 of \$35,000 OR MORE*

Basic Life Insurance	Employee Pays	Commonwealth Pays	Total Premium
Basic Life Insurance Only (\$5,000 Coverage)	\$1.06	\$4.24	\$5.30

HEALTH CARE PLAN PREMIUMS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
HEALTH PLAN	Employee Pays	Commonwealth Pays	Total Premium	Employee Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Plan with CIC (comprehensive)	\$127.56	\$415.61	\$543.17	\$289.26	\$937.58	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	103.90	415.61	519.51	234.39	937.58	1,171.97
Commonwealth Indemnity Plan PLUS	76.35	305.40	381.75	175.61	702.45	878.06
Commonwealth Indemnity Community Choice Plan	70.60	282.41	353.01	169.22	676.89	846.11
Harvard Pilgrim POS	76.33	305.32	381.65	183.08	732.34	915.42
Navigator by Tufts Health Plan	72.75	291.00	363.75	174.42	697.68	872.10
Fallon Community Health Plan Direct Care	56.21	224.82	281.03	133.42	533.68	667.10
Fallon Community Health Plan Select Care	67.48	269.93	337.41	160.51	642.04	802.55
Health New England	58.58	234.34	292.92	143.47	573.86	717.33
Neighborhood Health Plan	62.74	250.94	313.68	161.32	645.29	806.61



# Monthly GIC Basic Life and Health Plan Rates as of July 1, 2004

For Employees Hired **On or Before June 30, 2003**  
With an Annual Salary as of February 1, 2004 of **LESS THAN \$35,000**

Basic Life Insurance	Employee Pays	Commonwealth Pays	Total Premium
Basic Life Insurance Only (\$5,000 Coverage)	\$0.80	\$4.50	\$5.30

HEALTH CARE PLAN PREMIUMS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	Employee Pays	Commonwealth Pays	Total Premium	Employee Pays	Commonwealth Pays	Total Premium
HEALTH PLAN						
Commonwealth Indemnity Plan with CIC (comprehensive)	\$101.59	\$441.58	\$543.17	\$230.67	\$996.17	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	77.93	441.58	519.51	175.80	996.17	1,171.97
Commonwealth Indemnity Plan PLUS	57.27	324.48	381.75	131.71	746.35	878.06
Commonwealth Indemnity Community Choice Plan	52.96	300.05	353.01	126.92	719.19	846.11
Harvard Pilgrim POS	57.25	324.40	381.65	137.32	778.10	915.42
Navigator by Tufts Health Plan	54.57	309.18	363.75	130.82	741.28	872.10
Fallon Community Health Plan Direct Care	42.16	238.87	281.03	100.07	567.03	667.10
Fallon Community Health Plan Select Care	50.62	286.79	337.41	120.39	682.16	802.55
Health New England	43.94	248.98	292.92	107.60	609.73	717.33
Neighborhood Health Plan	47.06	266.62	313.68	121.00	685.61	806.61



# Monthly GIC Plan Rates as of July 1, 2004

## Optional Life Insurance Rates

including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	SMOKER RATE	NON-SMOKER RATE
	Per \$1,000 of coverage	Per \$1,000 of coverage
Under Age 35	\$0.10	\$0.06
35 – 44	0.15	0.07
45 – 49	0.25	0.10
50 – 54	0.40	0.16
55 – 59	0.62	0.24
60 – 64	0.94	0.36
65 – 69	1.68	0.89
Age 70 and over	3.00	1.39

## LTD Benefit\*

ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY PREMIUM
	Per \$100 of Monthly Earnings
Under 20	\$ 0.10
20 - 24	0.10
25 - 29	0.12
30 - 34	0.16
35 - 39	0.21
40 - 44	0.39
45 - 49	0.58
50 - 54	0.81
55 - 59	1.02
60 - 64	0.92
65 - 69	0.43
70 and over	0.24

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## GIC Dental/Vision Plan

For Managers, Legislators, Legislative Staff and Certain Executive Office Staff\*

	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	Employee Pays	Commonwealth Pays	Total Premium	Employee Pays	Commonwealth Pays	Total Premium
PPO PLAN	\$ 3.51	\$19.89	\$23.40	\$10.88	\$61.64	\$72.52
INDEMNITY PLAN	\$ 4.94	\$28.01	\$32.95	\$15.32	\$86.83	\$102.15

\*Only available to active employees who meet the criteria listed on pages 9 and 20.

**Case Management** – With case management, health care clinicians are assigned to work with patients who have serious conditions that require extensive treatment or prolonged care (*for example, multiple sclerosis, spinal cord injuries or AIDS*). Case managers suggest and coordinate patients' treatment to enhance quality of care. Patients' families may be involved as well. The goal is to provide the best possible management of cases that involve complex or ongoing care.

**CIC (Catastrophic Illness Coverage)** – CIC is an optional part of the Commonwealth Indemnity Plan. CIC increases the benefits for most covered services to 100%, subject to deductibles and co-payments. It is an enrollee-pay-all benefit. Enrollees without CIC pay higher deductibles and receive only 80% coverage for some services. Over 99% of current Indemnity Plan members select CIC.

**COBRA** – A federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life events. Premiums cost 102% of the full cost group premium.

**DCAP (Dependent Care Assistance Program)** – This is a pre-tax benefit that allows participants to set aside on a pre-tax basis up to \$5,000 of their income per family annually to pay certain employment-related dependent care expenses, such as child care and day camp.

**Deferred Retirement** – An option to maintain group life and health coverage for insureds who leave state service and are eligible for a pension, but do not wish to collect the pension yet.

**GIC (Group Insurance Commission)** – The Group Insurance Commission (GIC) is a quasi-independent state agency governed by an 11-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, and retired municipal employees and teachers in certain cities and towns.

**HCSA (Health Care Spending Account)** – This is a pre-tax benefit that allows employees to contribute a specified amount of money (currently \$250-\$1,500 per year) on a pre-tax basis to pay for non-covered health care costs such as co-payments, deductibles, eyeglasses and orthodontia.

**HMO (Health Maintenance Organization)** – A health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

**LTD (Long Term Disability)** – This is an income replacement program for active employees providing a tax-free benefit of up to 50% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

**Networks** – Networks are groups of doctors, hospitals and other health care providers. Members treated by network providers usually receive the maximum level of benefits.

**PCP (Primary Care Physician)** – The doctor you select within an HMO or POS plan to provide and coordinate your health care.

**POS (Point of Service)** – A health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides (lower) benefits for treatment by out-of-network providers. A POS plan requires the selection of a Primary Care Physician.

**PPO (Preferred Provider Organization)** – A health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides (lower) benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

**39-Week Layoff Coverage** – Allows laid-off state insureds to continue their group health and life insurance for up to 39 weeks (*about 9 months*) by paying the full cost of the premium.

**Utilization Review** – With utilization review, health plan staff work with your providers to determine the treatment you need and where it is best provided. For example, you can be quite sick, but not need to be cared for in a hospital. In today's medical world, there often are hospital alternatives, such as skilled nursing facilities, home health care and hospice care.

For answers to common GIC questions, see the *Your GIC Records* section of our website:  
[www.mass.gov/gic](http://www.mass.gov/gic)

# GIC Health Fair Schedule 2004

*For additional benefit information, attend your local GIC health fair.*

## APRIL 2004

**13 TUESDAY 11:00-3:00**

**Wrentham Developmental Center**  
Graves Auditorium  
Littlefield Street  
WRENTHAM, MA

**14 WEDNESDAY 11:00-3:00**

**Bristol Community College**  
Commonwealth Center-Atrium Area  
777 Elsbree Street  
FALL RIVER, MA

**15 THURSDAY 11:00-3:00**

**Springfield State Office Building**  
Room B42  
436 Dwight Street  
SPRINGFIELD, MA

**16 FRIDAY 11:00-2:00**

**Berkshire Community College**  
Patterson Field House  
1350 West Street  
PITTSFIELD, MA

**20 TUESDAY 11:00-3:00**

**State Lottery Commission**  
1st Floor Conference Room  
60 Columbian Street  
BRAINTREE, MA

**21 WEDNESDAY 10:00-3:00**

**China Trade Building**  
Learning Center 1st Floor  
2 Boylston Street  
BOSTON, MA

**22 THURSDAY 11:00-3:00**

**Middlesex Community College**  
Campus Center Building 8  
Springs Road  
BEDFORD, MA

**23 FRIDAY 11:00-3:00**

**Quinsigamond Community College**  
Library/Learning Center Room 109  
670 West Boylston Street  
WORCESTER, MA

**26 MONDAY 10:00-3:00**

**Hampden County Sheriff's Department**  
Hampden County Correctional Center  
627 Randall Road  
LUDLOW, MA

**27 TUESDAY 10:00-2:00**

**U-Mass Amherst**  
Student Union Ballroom  
AMHERST, MA

**29 THURSDAY 11:00-3:00**

**Northshore Community College**  
Health & Science Building  
One Ferncroft Road  
DANVERS, MA

## MAY 2004

**1 SATURDAY 11:00-3:00**

**Mass Maritime Academy**  
Academy Drive  
Bay State Conference Center  
BUZZARDS BAY, MA

**4 TUESDAY 10:00-2:00**

**Northern Essex Community College**  
Haverhill Campus  
Bentley Library Conference Area A&B  
Elliott Way  
HAVERHILL, MA

**5 WEDNESDAY 9:00-3:00**

**McCormack State Office Building**  
One Ashburton Place-21st Floor  
BOSTON, MA

**7 FRIDAY 11:00-3:00**

**Mt. Wachusett Community College**  
Commons Area  
444 Green Street  
GARDNER, MA

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**Commonwealth of Massachusetts  
Group Insurance Commission**

# Contact Information

For more information about specific plan benefits, call a plan representative.  
Be sure to indicate you are a GIC insured.

## Health Insurance

Commonwealth Indemnity Plan Commonwealth Indemnity Plan PLUS Commonwealth Indemnity Community Choice Plan (UNICARE)	1.800.442.9300	<a href="http://www.unicare-cip.com">www.unicare-cip.com</a>
Commonwealth Indemnity Plans Prescription Drugs ( <i>Express Scripts</i> )	1.877.828.9744	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Commonwealth Indemnity Plans and Navigator by Tufts Health Plan Mental Health/Substance Abuse, EAP ( <i>United Behavioral Health</i> )	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
Harvard Pilgrim POS	1.800.542.1499	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Navigator by Tufts Health Plan	1.800.870.9488	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>
Fallon Community Health Plan	1.800.868.5200	<a href="http://www.fchp.org">www.fchp.org</a>
Health New England	1.800.842.4464	<a href="http://www.healthnewengland.com">www.healthnewengland.com</a>
Neighborhood Health Plan	1.800.433.5556	<a href="http://www.nhp.org">www.nhp.org</a>

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## Other Benefits

Life/AD&D Insurance ( <i>UnumProvident</i> ) – Call the GIC	1.617.727.2310 ext. 801	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
Long Term Disability (CNA)	1.866.847.6343	<a href="http://www.maemployeesltd.com">www.maemployeesltd.com</a>
Employee Assistance Program (EAP) Accessed by Managers & Supervisors ( <i>United Behavioral Health</i> )	1.617.558.3412	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) ( <i>Sentinel Benefits</i> )	1.888.762.6088	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
LifeBalance®	1.800.854.1446	<a href="http://www.lifebalance.net">www.lifebalance.net</a> (password and ID: lifebalance)

## For Managers, Legislators, Legislative Staff, and Certain Executive Office Staff

Dental Benefits ( <i>Delta Dental</i> )	1.800.553.6277	<a href="http://www.deltamass.com">www.deltamass.com</a>
Vision Benefits ( <i>Davis Vision</i> )	1.800.650.2466	<a href="http://www.davisvision.com">www.davisvision.com</a>

## Additional Resources

Social Security Administration	1.800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
State Retirement Board	1.617.367.7770	<a href="http://www.mass.gov/treasury/srb.htm">www.mass.gov/treasury/srb.htm</a>
GIC TDD/TTY Access	1.617.227.8583	Not Available

## Active Employees

Other questions?  
Call the GIC 617.727.2310, ext. 801. • [www.mass.gov/gic](http://www.mass.gov/gic)



## Inscripción Anual

La inscripción anual tendrá lugar a partir del 12 de abril hasta el 14 de mayo del 2004. Durante dicho período, usted como (*empleado o jubilado del estado*) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de julio del 2004. Para obtener más información, sírvase llamar a Group Insurance Commission (*Comisión de Seguros de Grupo*) al **617.727.2310**, extensión 801. Hay empleados que hablan Español que le ayudarán.

## Audio Tape For Visually Impaired

If you know of an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a Benefit Decision Guide audio tape:

**617.727.2310, ext. 801**

**Visit Our  
Website:**  
**[www.mass.gov/gic](http://www.mass.gov/gic)**  
*for news, forms &  
information*

## 年度登記

年度登記在2004年4月12日開始，於5月14日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2004年7月1日生效。如有問題，請打電話給Group Insurance Commission。電話號碼是 617.727.2310，轉分機 801。

## Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 12 tháng Tư và chấm dứt vào ngày 14 tháng Năm, 2004. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2004. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 801.

# COMMONWEALTH OF MASSACHUSETTS

**Mitt Romney, Governor**  
**Kerry Healey, Lieutenant Governor**

**Group Insurance Commission**

Dolores L. Mitchell, Executive Director  
19 Staniford Street, 4th floor  
Boston, Massachusetts

**Telephone:** 617.727.2310

**TDD/TTY:** 617.227.8583

***Mailing Address***

Group Insurance Commission  
P.O. Box 8747  
Boston, MA 02114-8747

***Website***

[www.mass.gov/gic](http://www.mass.gov/gic)

***Commissioners***

Robert W. Hungate, *Chair*

Richard Waring (NAGE), *Vice Chair*

Suzanne Bailey, *Designee for Julianne Bowler,*  
*Commissioner of Insurance*

Theron R. Bradley

Stephen B. Chandler (*Local 254, S.E.I.U.,*  
*AFL-CIO*)

Alfred A. Fondacaro, Jr., *Retired State*  
*Employee*

David R. Handy

Karen Hathaway (*Council 93, AFSCME,*  
*AFL-CIO*)

Thomas A. Shields

Peter Schwarzenbach, *Designee for Eric Kriss,*  
*Secretary of Administration and Finance*

Richard J. Zeckhauser



**Commonwealth of Massachusetts**  
**Group Insurance Commission**

P.O. Box 8747 • Boston, MA 02114-8747